

# BCYF Camp Joy

## Summer 2013

Session Dates: July 15, 2013 – August 9, 2013



## STAFF APPLICATION

RETURN APPLICATION TO:

Boston Centers for Youth & Families

1483 Tremont Street

Boston, MA 02120

Attention: Roberta Smalls

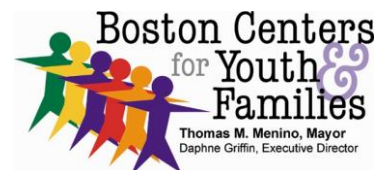
Phone: (617) 635-4920 ext. 2402

Fax: (617) 635-5074

[www.cityofboston.gov/bcyf](http://www.cityofboston.gov/bcyf)

**INCOMPLETE OR ILLEGIABLE APPLICATIONS WILL NOT BE ACCEPTED.**

*"This camp complies with regulations of the MA Department of Public Health  
and is licensed by the local board of health."*



# CAMP JOY SUMMER 2013 STAFF APPLICATION

Position Applying For: \_\_\_\_\_ Returning Staff?: ☐ Yes ☐ No

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

Race/Ethnic Category (optional—not required to answer):

☐ White (non-Hispanic origin)

☐ Black (non-Hispanic origin)

☐ Asian or Pacific Islander

☐ American Indian or Alaska Native

Are you a person with a disability (optional—not required to answer)? ☐ Yes ☐ No

If yes, describe disability: \_\_\_\_\_

Do you need a reasonable accommodation to perform the essential functions of this position? ☐ Yes ☐ No

If yes, describe disability: \_\_\_\_\_

Have you ever been injured in an industrial accident? ☐ Yes ☐ No

If yes, when did this occur: \_\_\_\_\_

If yes, describe the nature of injury: \_\_\_\_\_

Name of employer: \_\_\_\_\_

Address of employer: \_\_\_\_\_

Military Status: ☐ Non-Veteran ☐ Veteran ☐ Active Reserve

Are you a disabled Veteran? ☐ Yes ☐ No If yes, what % of disability?: \_\_\_\_\_

Are you currently employed by the City of Boston or County of Suffolk? ☐ Yes ☐ No

If yes, what is your position and department?: \_\_\_\_\_

If yes, what is your employee identification number?: \_\_\_\_\_

**EMERGENCY CONTACTS:** In case of emergency please contact:

Contact Name: \_\_\_\_\_

Relationship to Employee: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Relationship to Employee: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**EDUCATION:**

High School: \_\_\_\_\_ Graduation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

College: \_\_\_\_\_

Major: \_\_\_\_\_ Graduation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Graduate School: \_\_\_\_\_

Major: \_\_\_\_\_ Graduation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**CERTIFICATIONS:**

Are you certified to teach in Massachusetts?: ☐ Yes ☐ No

If yes, please indicate area of certification: \_\_\_\_\_

Are you a certified LPN, RN or PA?: ☐ Yes ☐ No

If yes, please indicate area of certification: \_\_\_\_\_

Water Safety Instructor: ☐ Yes ☐ No

First Aid/CPR Certified: ☐ Yes ☐ No

## **QUALIFICATIONS AND EXPERIENCE (you may attach a current resume):**

Position: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

\_\_\_\_\_

Dates of Employment: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Salary/Wages: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Position: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

\_\_\_\_\_

Dates of Employment: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Salary/Wages: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Position: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

\_\_\_\_\_

Dates of Employment: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Salary/Wages: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**REFERENCES:** (AT LEAST TWO MUST BE PROFESSIONAL REFERENCES)

Contact Name: \_\_\_\_\_

Relationship to Employee: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Relationship to Employee: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Relationship to Employee: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I understand that if I am employed and if any statement herein is not true, or if my references are not entirely satisfactory to my employer, I may be released immediately. I understand employment may depend on acceptable results of a physical examination. I hereby authorize my prospective employer to verify the accuracy of all my statements, or pre-employment qualifications contained in this application.

My present employer may be contact: ☐ Yes ☐ No

I hereby certify that the above information and statements are true under the pains and penalties of perjury.

**Applicant's signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

In addition to this application, you are also **REQUIRED** to attach the following forms:

☐ Current Physical Form (completed by physician within 2 years)

☐ Current Immunization Records

**ALL STAFF ARE REQUIRED TO HAVE A  
CRIMINAL OFFENDERS RECORD CHECK (C.O.R.I) AND A SEXUAL OFFENDERS RECORD CHECK (S.O.R.I)**

*Equal opportunity will be afforded to all applicants regardless of race, color, gender, age, religious creed, disability, national origin, ancestry, sexual orientation, marital status, ex-offender status, prior psychiatric treatment, or military status.*